

1. CIR./DIST./ DIV. CODE <b>CAU</b>	2. PERSON REPRESENTED <b>GAINES, FOSTER SHANE</b>	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>CV-03-01268-PJH</b>	5. APPEALS DKT./DEF. NUMBER <b>07-17279</b>	6. OTHER DKT NUMBER
7. IN CASE/MATTER OF (Case Name) <b>GAINES V. ADAMS</b>	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal <input type="checkbox"/> Habeas Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Petitioner - Annellant <input checked="" type="checkbox"/> Appellant	10. REPRESENTATION TYPE (See Instructions) <b>HA</b>

11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense  
**28:2254**

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS

**MR. BARRY L. MORRIS  
1260 B ST., STE. 240  
HAYWARD, CA 94541**

Telephone Number **510-247-1100**

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions,

**FILED  
MAY - 6 2008**

**RICHARD W. WIEKING  
CLERK U.S. DISTRICT COURT,  
NORTHERN DISTRICT OF CALIFORNIA**

13. COURT ORDER

O Appointing Counsel  C Co-counsel  
 F Subs For Federal Defender  R Sub for Retained Atty.  
 P Subs for Panel Attorney  Y Standby Counsel

Prior Attorney's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

Other (See Instructions)

**Hon. Judge Hamilton**

Signature Of Presiding Judicial Officer or By Order Of The Court

**4/11/2008**

Date Of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment.  YES  NO

**CLAIM FOR SERVICES AND EXPENSES**

**FOR COURT USE ONLY**

CATEGORIES (attached itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. <b>In Court</b>	a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify On Additional Sheets)					
	(RATE PER HOUR - \$ )	TOTALS:				
16. <b>Out Of Court</b>	a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)					
	(RATE PER HOUR - \$ )	TOTALS:				
17.	Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED)</b>						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS	<input type="checkbox"/> Final Payment	<input type="checkbox"/> Interim Payment Number _____	<input type="checkbox"/> Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.			
I swear or affirm the truth or correctness of the above statements..			

Signature Of Attorney \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED FOR PAYMENT COURT USE ONLY**

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28A. JUDGE/MAG CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34A. JUDGE CODE